

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

101528561

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2		1		
4		3		1		
5		4		1		
6	1	5	1			
7		6		1		
8	1	7	1			
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14		13		1		
15	1	14	1			
16		15		1		
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43		42		1		
44		43		1		
45		44		1		
46		45		1		
47		46		1		
48		47		1		
49		48		1		
50		49		1		
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	16	←	15	←		←
TOTAL CLAIMS	20		19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						